

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/521674

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	—					
2	—					
3	—					
4	—					
5	—					
6	—					
7	—					
8	—					
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17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	1					
28	1					
29	1					
30	1					
31						
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49						
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TOTAL IND.	1	↓	↓	↓	↓	↓
TOTAL DEP.	15	←	←	←	←	←
TOTAL CLAIMS	76					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						